

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043305

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

172
FILED NOV 27 1962

4273

90

VS 300
Rev. 4/59

1 0540

2 0540

3

4 1

5 2

6

7 0

8 2

94500

10

11

1290-0

13 2-0

DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

LAFAYETTE

b. CITY (If outside corporate limits, give TOWNSHIP only)

FREEDOM

Length of stay in lb

96 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

7 Mi. SW of CONCORDIA

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

LAFAYETTE

admission)

c. CITY

CONCORDIA

Inside Limits

Yes ☐ No ☒

d. STREET

ADDRESS

(If outside, give location)

7 Mi. SW of CONCORDIA

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

MARY

ALICE

WHITE

4. DATE OF DEATH

Month

Day

Year

Nov

17

1962

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

SEPT 19, 1866

9. AGE (last birthday)

96

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

HOME

11. BIRTHPLACE (City and state or country)

LAFAYETTE Co. MO

12. CITIZEN OF WHAT COUNTRY

U.S.A

13a. FATHER'S NAME

LOUIS SNIDER STOUT

13b. MOTHER'S MAIDEN NAME

REBECCA JANE YONLEY

14. NAME OF HUSBAND OR WIFE

JAMES H. WHITE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

No

17. INFORMANT

ELMER H. WHITE

Address

LEXINGTON, MO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Terminal pneumonia

Generalized arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

48 hrs

Several yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan 23, 1953 to Nov 17, 1962 and last saw her alive on Nov 7, 1962

Death occurred at 2:39 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

H. H. Rudy, M.D.

22b. ADDRESS

Concordia, Mo

22c. DATE SIGNED

11/19/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Nov 20, 1962

23c. NAME OF CEMETERY OR CREMATORY

Zion Hill

23d. LOCATION (City, town, or county)

LAFAYETTE County

(State)

Mo

24. FUNERAL DIRECTOR

E. L. Jones

ADDRESS

Concordia, Mo

25. DATE RECD. BY LOCAL REG.

Nov. 20, 1962

26. REGISTRAR'S SIGNATURE

Lutie G. Jordan

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

NOV 29 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by me, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed E. S. James

Licensed Embalmer No. 2058

P. O. Address Commodia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.